

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of Copies of CDs:: 0
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: CAPSULAR TENSION RING, METHOD
FOR MAKING A CAPSULAR TENSION
RING AND CAPSULAR RING AND
INTRAOCULAR LENS ASSEMBLY
Attorney Docket Number:: 0579-1099
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 0
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CHRISTOPHE
Middle Name::
Family Name:: CHASSAIN
Name Suffix::
City of Residence:: SAINT CLEMENT DE RIVIERE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 519, AVENUE DES GENEVRIERS
Address::
City of Mailing Address:: SAINT CLEMENT DE RIVIERE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 34980

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/003942	12/30/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0300143	1/8/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::